



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DIVISION OF PROFESSIONAL REGULATION

**DELAWARE BOARD OF VETERINARY MEDICINE
APPLICATION FOR LICENSURE/EXAMINATION**

CHECK TYPE(S) OF APPLICATION:

_____ Original Licensure
_____ Licensure by Reciprocity
_____ Temporary License or _____ Temporary Permit

IDENTIFICATION

1. Full Name _____
2. Address _____

3. Telephone _____ Fax _____ Email _____
4. Social Security Number _____

EDUCATION

5. Name and address of American Veterinary Medical Association (AVMA)-approved veterinary college attended _____

6. If you are foreign-educated, enter name and address of veterinary college _____

If the foreign college is not AVMA-accredited, attach certificate issued by the Educational Commission for Foreign Veterinary Graduates (ECFVG) program or Certificate of Qualification issued by the Canadian Veterinary Medical Association.

7. List veterinary degree and date received _____

If you are applying for original licensure, arrange for an official transcript from the college to be sent directly to the Board.

8. If you are a final year veterinary student, list the degree you expect to receive and the anticipated graduation date _____

When your final transcript is available, arrange for an official copy of it to be sent from the college directly to the Board.

EXAMINATIONS

9. Have you taken and passed the National Board Examination (NBE)? Yes_____No_____ If yes, where and when? _____

10. Have you taken and passed the Clinical Competency Test (CCT)? Yes_____No_____ If yes, where and when? _____

11. Have you taken and passed the North American Veterinary Licensing Examination (NAVLE)? Yes_____No_____ If yes, where and when? _____

If you did not take the examination(s) in Delaware, arrange for a report of your scores to be sent directly from Veterinary Information Verification Agency to the Board. This applies whether you are applying for original licensure or licensure by reciprocity.

12. If you are applying by reciprocity and have not passed the examination, when were you initially licensed? _____

13. If you are applying to take the NAVLE in Delaware, are you requesting any accommodations on the basis of disability as defined under Title II of the Americans with Disabilities Act? Yes_____No_____ If Yes, request further information from the Board office.

LICENSURE/PRACTICE

14. List all State(s) in which you have ever held a license to practice veterinary medicine: _____

(If never licensed, enter "None.")

Arrange for a "letter of good standing" from each State in which you have ever been licensed to be sent to the Board.

15. Have you received any administrative penalties, including but not limited to fines, formal reprimands, license suspension or revocation, and probationary limitations? Yes_____No_____ If Yes, arrange for the State(s) to send information about the disciplinary action to the Board.

16. Have you entered into a consent agreement that places conditions on your professional conduct or practice, including any voluntary surrender of license? Yes_____No_____ If Yes, arrange for the State(s) to send information about the disciplinary action to the Board.

17. Are any disciplinary proceedings or unresolved complaints concerning your practice of veterinary medicine pending against you at present? Yes_____No_____ If Yes, arrange for the State(s) to send information about the disciplinary action(s) to the Board.

18. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes____ No____ **If yes, submit a certified copy of your criminal history record.**

19. Have your Drug Enforcement Administration (DEA) privileges ever been restricted or revoked? Yes____No____ If yes, submit a letter giving a complete explanation. Include copies of all appropriate record.

20. Are any criminal charges pending against you relating to an offense, the circumstances of which substantially relate to the practice of veterinary medicine? Yes____No____ If Yes, arrange for the appropriate authorities to provide information about the charge directly to the Board. The information should be in sufficient specificity to enable the Board to make a determination whether the charge is substantially related to the practice of veterinary medicine.

21. Do you have any impairment related to drugs or alcohol that would limit your ability to undertake the practice of veterinary medicine in a manner consistent with the safety of a patient or the public? Yes____No____ If yes, submit a letter giving a complete explanation. Include copies of all appropriate record.

Prior to practicing in Delaware, you must file for and receive an occupational license from the Division of Revenue in accordance with Chapter 23 of Title 30.

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action. I understand that the application and examination fees are not refundable.

Signature of Applicant: _____

Sworn to and subscribed to before me this _____ day of _____ in the year _____

NOTARY PUBLIC _____

AFFIX SEAL

My commission expires: _____

Rev. 7/2005